| Fill | in this info | rmation to identify yo | our case: | | | | | |
|-----------|-----------------------------|--|-------------------------|---|---|--------------------------|-----------------|---|
| (Spc | tor 2 buse, if filing | , | | Jr. RN DISTRICT OF PENNS | YLVANIA | Che ■ □ | | nowing postpetition chapter of the following date: |
| Cas | e number nown) | 21-10943 | | | | | | |
| | | Form 106J | Evnor | | | | | |
| Be a | as comple ormation. | | possible. eded, atta | If two married people ar ch another sheet to this | | | | |
| Par 1. | Is this a ■ No. G □ Yes. I | escribe Your House joint case? So to line 2. Does Debtor 2 live i No Yes. Debtor 2 mus | in a separa | ate household? al Form 106J-2, <i>Expens</i> es | s for Separate House | ehold of De | btor 2. | |
| 2. | Do you | have dependents? | ■ No | | | | | |
| | Debtor 2 Do not s | | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | Dependent's age | Does dependent live with you? No Yes No Yes No Yes No Yes No Yes |
| 3. | expense | expenses include es of people other the fand your depende | han 👝 | No Yes | | | _ | _ Li Tes |
| Est | imate you | of a date after the l | our bankrı | uptcy filing date unless y | | | | hapter 13 case to report of the form and fill in the |
| the | | such assistance an | | government assistance i luded it on <i>Schedule I:</i> \ | | | Your ex | rpenses |
| 4. | | tal or home owners | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | 1,300.00 |
| | If not inc | cluded in line 4: | | | | | | |
| E | 4b. Pr 4c. Ho 4d. Ho | eal estate taxes roperty, homeowner's ome maintenance, re | pair, and u | pkeep expenses dominium dues | and the latest | 4a. 4b. 4c. 4d. | \$ \$ | 0.00 0.00 50.00 0.00 |
| 5. | Addition | iai iliortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. | Φ | 0.00 |

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| Debtor 1 Anthony John Piller, Jr. | Case number (if known) | 21-10943 |
|---|----------------------------|----------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 300.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 25.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 0.00 |
| 6d. Other. Specify: | 6d. \$ | 0.00 |
| 7. Food and housekeeping supplies | 7. \$ | 500.00 |
| 8. Childcare and children's education costs | 8. \$ | 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$ | 25.00 |
| 10. Personal care products and services | 10. \$ | 45.00 |
| 11. Medical and dental expenses | 11. \$ | 325.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. | | |
| Do not include car payments. | 12. \$ | 80.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| 14. Charitable contributions and religious donations | 14. \$ | 0.00 |
| 15. Insurance. | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | 45 - A | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 96.00 |
| 15c. Vehicle insurance | 15c. \$ | 185.00 |
| 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 2 Specify: | 0. 16. \$ | 0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 523.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: | 17c. \$ | 0.00 |
| 17d. Other. Specify: | 17d. \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not re deducted from your pay on line 5, Schedule I, Your Income (Official Form | | 0.00 |
| 19. Other payments you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | 19. | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or o | n Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. Other: Specify: Vet Bills and Pet Supplies | 21. +\$ | 60.00 |
| | | |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 3,514.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 1 | | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 3,514.00 |
| 23. Calculate your monthly net income. | | 4.0 |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 4,349.85 |
| 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 3,514.00 |
| 23c. Subtract your monthly expenses from your monthly income. | 23c. \$ | 835.85 |
| The result is your monthly net income. | 230. Ψ | 333.33 |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor will be canceling his life insurance policy to be able to be able to pay his monthly Ch 13 Plan payment - As the premium is \$236 per month, this will then bring his disposable income to \$610.85